



**PATIENT PRESENTING CLINICAL SIGNS**

Lucky Stoney Heart murmur grade 1-2/6. Anorexic for 5-7 days despite oral medications and attempts of syringe feeding at home meds: cerenia, buprenorphine, cefazolin, mirtazapine, metronidazole

**SPECIES** Abnormal PE/Chem/CBC/UA Results: FPLi abnormal UA - WBCs 3/HPF RBCs 5/HLF, cocci bacteria suspected, crystal suspected

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DSH The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

**SEX**

MN

The area of the aortic trifurcation was free of pathology.

**AGE**

10 years

Both kidneys were normal in size and margination. Mild loss of border demarcation noted with minor subjective cortical hypertrophy in both kidneys. No evidence of pyelectasia. Minor increased left retroperitoneal echogenicity with scant retroperitoneal free fluid present. The left kidney measured 3.9 cm. The right kidney measured 4.1 cm.

**WEIGHT**

5.4 kg

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.25 cm.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.21 cm.

**IMAGING PERFORMED BY**

Kelly Reschny

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**HOSPITAL NAME**

Beattie Pet Hospital  
Stoney Creek

**Liver/ Gallbladder**

The liver exhibited subjective mild enlargement with maintained symmetrical capsule contour. Uniform parenchyma present, exhibiting overall normal parenchyma echogenicity. A solitary small intraparenchymal cyst was noted in the ventral caudal liver.

**REFERRING VET**

Dr. Slib

**INVOICE**

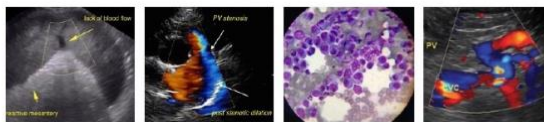
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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall measured 0.25 cm.

**DATE**

5/5/22



**PATIENT**

Lucky Stoney

The small intestine exhibited primarily intact wall layering and maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent yet intact wall layering with mildly prominent muscularis layer. The duodenum wall measured 0.24 cm. The jejunum wall measured up to 0.31 cm in areas of prominent yet intact intestinal wall layering.

**SPECIES**

Feline

Normal visible colon wall layers were present with apparent formed feces in lumen.

**Pancreas**

**BREED**

DSH

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

**SEX**

MN

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

10 years

- Moderate urinary bladder sediment
- Nonspecific chronic renal changes with scant left retroperitoneal free fluid- possible nonspecific left kidney nephritis pattern
- Subjective mild hepatomegaly with focal intraparenchymal cyst
- Overtly normal pancreas
- Intact yet segmentally prominent small bowel wall layering

**WEIGHT**

5.4 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although potential for patient variant, the small intestine exhibited segmental mild mural changes, which are suggestive of at least segmental inflammatory enteropathy, segmental enteritis inflammatory bowel episode, IBD, with less likely potential for occult to early neoplastic infiltrative enteropathy could be present. Potential for low-grade to chronic pancreatitis, which may present as sonographically normal cannot be excluded.

**IMAGING**

**PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

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Stoney Creek

Continued empirical therapy for segmental inflammatory enteropathy and potential low-grade to chronic pancreatitis would be reasonable. Recheck sonogram to assess for progressive inflammatory or pancreatic or intestinal mural changes suggested if continued anorexia is noted. No evidence of gastrointestinal mechanical obstructive pattern or foreign material. Correlation with the sonographic findings with full CBC and chemistry panel suggested.

**REFERRING VET**

Dr. Slib

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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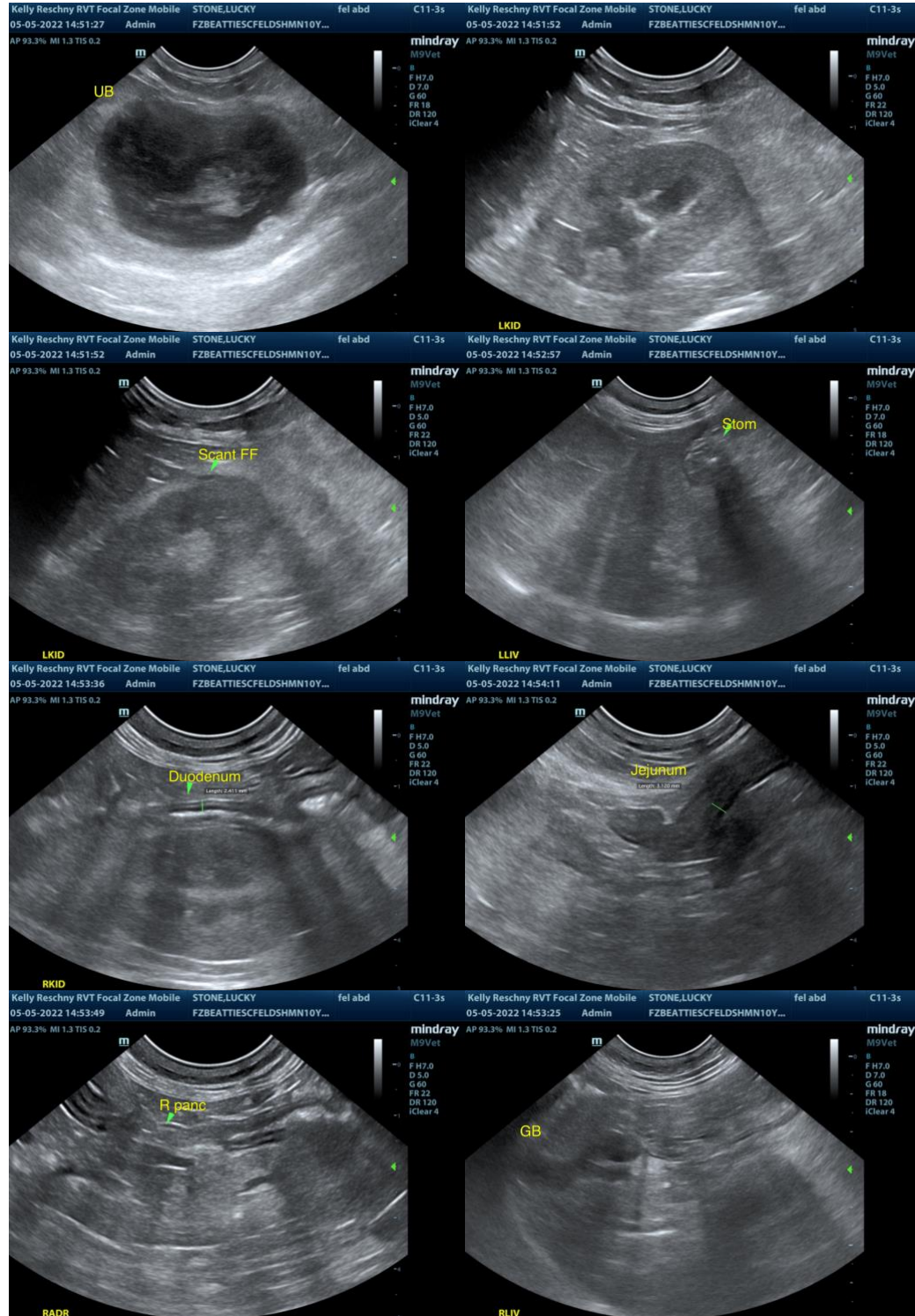
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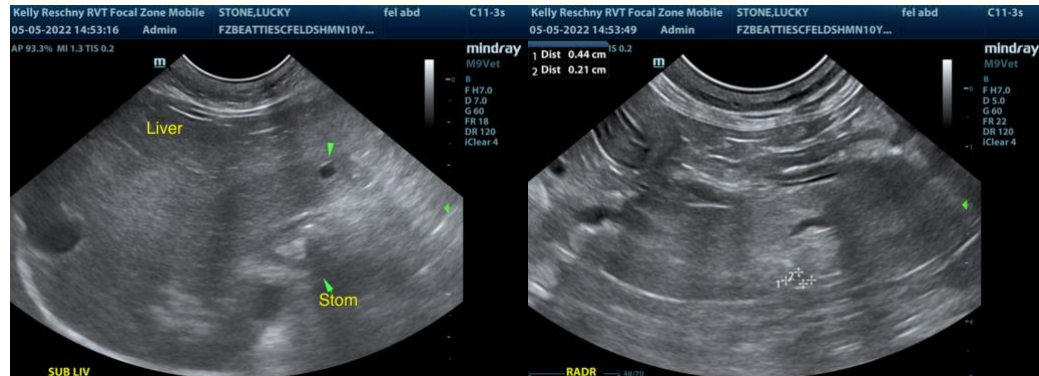
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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